

Department of Energy
Bonneville Power Administration
P.O. Box 491
Vancouver, Washington 98666-0491

RECRUITING BULLETIN: V-065-99Amended

OPENING DATE: **July 26, 1999**

CLOSING DATE: **Open Until Further Notice**

**SUBSTATION OPERATOR, BB-5407
D.C. SUBSTATION OPERATOR, BB-
5407**

**RATE OF PAY: \$26.83PER HOUR
RATE OF PAY: \$28.84 PER HOUR
RATE OF PAY: \$26.83 PER HOUR**

***ASSIST. D.C. SUBSTATION
OPERATOR
(SEVERAL JOBS MAY BE FILLED)**

LOCATION: Work locations may be anywhere in the Bonneville Power Administration (BPA) Service Area
(OREGON, WASHINGTON, IDAHO, AND MONTANA).
(See attached geographic location checklist). (Note: DC Substation Operator and Assistant D.C.
Substation Operator jobs are located at the Celilo Converter Station in The Dalles, Oregon only.)

NOTES:

**AMENDMENT: This recruiting bulletin has been amended to change a statement:
Under Basis of Evaluation, #7(page 5) should read: Knowledge of the safety rules and
switching and clearance procedures of an interconnected power system (Page 5).**

Nothing else has changed or amended to this recruiting bulletin.

**IN ADDITION TO THE WAGE RATE, BPA PAYS A SUPPLEMENT EQUAL 4.4% OF THE WAGE RATE TO PERMANENT
EMPLOYEES FOR EACH HOUR OF STRAIGHT-TIME WAGES THAT ARE PAID.**

RECRUITMENT AND/OR RELOCATION BONUS MAY BE PAID.

***Minimum requirements for the Assistant D.C. Substation Operator job are experience in being responsible for performing
switching, clearing and tagging of high voltage equipment in electrical substations at voltages of 12.5kV or higher. The
Assistant D.C. Substation Operator will be required to complete a 24-month training program to fully qualify as a D.C. Substation
Operator or a Substation Operator on the Bonneville Power Transmission System.
Contact: Substation Operations Group: 360-418-2074 or 2271.**

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**SUBSTATION OPERATOR, BB-5407
D.C. SUBSTATION OPERATOR, BB-
5407**

**RATE OF PAY: \$24.97 PER HOUR
RATE OF PAY: \$26.84 PER HOUR
RATE OF PAY: \$24.97 PER HOUR**

***ASSIST. D.C. SUBSTATION
OPERATOR
(SEVERAL JOBS MAY BE FILLED)**

LOCATION: Work locations may be anywhere in the Bonneville Power Administration (BPA) Service Area (OREGON, WASHINGTON, IDAHO, AND MONTANA).
(See attached geographic location checklist). (Note: DC Substation Operator and Assistant D.C. Substation Operator jobs are located at the Celilo Converter Station in The Dalles, Oregon only.)

NOTES:

*Minimum requirements for the Assistant D.C. Substation Operator job are experience in being responsible for performing switching, clearing and tagging of high voltage equipment in electrical substations at voltages of 12.5kV or higher. The Assistant D.C. Substation Operator will be required to complete a 24-month training program to fully qualify as a D.C. Substation Operator or a Substation Operator on the Bonneville Power Transmission System.
Contact: Substation Operations Group: 360-418-2074 or 2271.

A SUPPLEMENTAL QUESTIONNAIRE IS REQUIRED TO BE RETURNED WITH THIS APPLICATION, available from this website (www.bpa.gov) or call 503-230-3055/360-418-2090 to have one sent to you if not with this notice

A CUT-OFF DATE MAY BE ESTABLISHED MIDWAY DURING THE OPEN PERIOD OF THE RECRUITING BULLETIN AND ELIGIBLE APPLICANTS WILL BE REFERRED, WITH ADDITIONAL REFERRALS MADE AFTER THE RECRUITING BULLETIN CLOSSES.

A technical interview will be given to all qualified applicants.

Applicants selected for the Assistant D.C. Substation Operator job(s) will be required to complete a 24-month training program and sign an employment agreement.

For relocation BPA will authorize the following only:

- Transportation of household goods up to 18,000 pounds
- Temporary storage of household goods up to a maximum of 180 days
- Transportation (airfare or a mileage allowance) for employee and family
- Per diem expenses for employee only

Selected employee(s) will be required to have a physical examination at Bonneville Power Administration's (BPA) expense.

As per DOE Order 3792.3 this position is subject to random drug testing. Tentative selectees must be tested for the use of illegal drugs prior to final selection. A determination of the use of illegal drugs may lead to nonselection (based on a failure to meet conditions of employment). The successful applicant(s) will be subject to future random, unannounced testing. Failure to pass subsequent tests may result in disciplinary action, including removal from the Federal Service.

WHO MAY APPLY: ALL U.S. CITIZENS MAY APPLY. All applicants will receive consideration for appointment without regard to race, religion, color, national origin, sex, sexual orientation, political affiliation, age, or any other nonmerit factor. U.S. Citizenship is required.

DUTIES OF THE SUBSTATION OPERATOR AND D.C. SUBSTATION OPERATOR:

Substation Operators operate equipment in an electrical power transmission system substation. A D.C. Substation Operator is the second operator on shift at the Celilo Direct Current Converter Station, which is normally staffed 24 hours a day, 7 days per week. Specific tasks vary with the type of substation to be operated, but may include any of the following:

General Operation	Environmental
Inspections	Non-electric Plant
Switching	Instructing
Communications	Records and Reports

DUTIES OF THE ASSISTANT D.C. SUBSTATION OPERATOR:

The Assistant D. C. Substation Operator works under the supervision of a Chief Substation Operator, and performs those duties normally performed by a D. C. Substation Operator at the Celilo D. C. Converter Station. Work assignments will be directed and authorized by the Chief Substation Operator.

The Assistant D.C. Substation Operator is required to complete the BPA DC/AC Training Program to become a qualified D.C. Substation Operator and a Substation Operator on the BPA system.

The Assistant performs a variety of on-the-job tasks designed to provide experience, which will enhance technical understanding and skill in the use of the tools and equipment of the trade. Work and field training assignments are performed in a high-voltage electrical power transmission system under the supervision of a journeyman.

The program is a structured 2 year program consisting of six training periods. The Training Program will be tailored to an individual's current knowledge and experience level based on an assessment by the Celilo Operations Craft Committee.

In addition to satisfactorily completing the on-the-job training portion of the program, the Assistant will complete assigned lessons associated with periodic classroom instruction sessions and correspondence lessons in electrical trade theory, safety, equipment and procedures during each training period. Classroom lesson assignments (homework) due during the training session shall be completed on the Assistant's own time. The Assistant must pass an oral review by the Celilo Operations Craft Committee at the end of each training period to remain in this program.

The Trainee is expected to gain knowledge of the various work processes, high voltage power system equipment, associated protective relays, and become proficient in the use of proper terminology. The Trainee will be expected to build upon knowledge gained from the previous training periods.

Failure to assimilate the knowledge and technical expertise required of a D.C. Substation Operator during any of the training periods is cause for removal from the job of Assistant D.C. Substation Operator. Failure to complete the required correspondence course and all classroom instruction sessions satisfactorily will also be sufficient cause for removal from this position.

Training Program Topics

Safety And First Aid	Environmental
Switching	Trade Theory
Loop Switching And Line Sectionalizing	Operations Training Center
Inspections	Other Craft Assignments
High Voltage Equipment	Customer/Client Relations
Low Voltage Equipment	Substation Upkeep

THE FOLLOWING APPLY TO ALL THREE SUBSTATION OPERATOR CLASSIFICATIONS:

WORKING CONDITIONS

Work is performed both indoors and outdoors under all prevailing weather conditions during the day or night. Work is also performed on uneven, outdoor surfaces, including steep inclines, on rocked or graveled surfaces and unimproved surfaces. Hazards include working around high voltage equipment and machinery with moving parts. The possibility of explosion or fire is ever-present. May work from ladders, platforms, scaffolding, or stairs. Work may be at heights up to 60 feet. The work environment will occasionally include high noise levels and/or exposure to hazardous substances (such as acids, PCB's, pesticides, asbestos, mercury, solvents, etc.) that could, if precautions are not followed, pose a health risk. Proper respiratory and safety equipment shall be worn when hazardous substances are being handled. Emergencies, critical system conditions, or outage limitations may require that work be done at night and/or under time restraints. System priorities may require extended periods of overtime, including working weekends and holidays.

SPECIAL CONDITIONS OF EMPLOYMENT

Persons filling D.C. Substation Operator, Substation Operator and Assistant D.C. Substation jobs are required to meet some or all of the following conditions:

1. Establish a residence in accordance with negotiated requirements, that is within one hour or less commuting time under normal weather and road conditions, to the duty station headquarters.
2. Provide a means for contact by the Administration.
3. Change shifts on short notice or continue on duty in the absence of relief.
4. Possess within 30 days after appointment, and maintain continuously thereafter, the appropriate Worker Permit.
5. Possess a valid state driver's license. Traffic citations indicating poor driving habits may disqualify applicants.
6. Obtain certification on the equipment associated with substation operations, if assigned to use or operate.
7. Possess within one year after appointment, and maintain continuously thereafter, a First Aid Card.
8. Follow and enforce the safety practices of BPA.
9. Operate any type of motor vehicles applicable to assigned duties.
10. If exposed to health hazards, have periodic physical examinations as prescribed by competent medical authority at BPA expense. (Employees will work in close proximity to substances, such as acids, PCB's, pesticides, asbestos, mercury, solvents, etc., which may have effects on health unless prescribed handling procedures are followed.)
11. As part of the job requirements, and, at the discretion of the Regional Office, the Trainee D. C. Substation Operator shall be required to apply restricted use pesticides and may be required to obtain a pesticide applicator's license. The Administration shall provide the necessary training for such a license.
12. Subject to call for emergency work at any time.

PHYSICAL REQUIREMENTS

Incumbents must be physically and mentally able to efficiently perform the duties of the job, with or without reasonable accommodation, without hazard to themselves or others. They must be in good physical condition sufficient to safely perform the duties of the position.

1. Operator duties may be required to be performed on rotating shifts, at night, and on weekends.
2. Must be physically able to move rapidly to and from the control house to various locations in the switchyard (distances of as much as one-quarter mile) several times in succession during the execution of switching operations. Some switching operations will involve extended continuous periods (8 hours or more) of physical activity due to power system contingencies and operations, including exerting effort to manually operate disconnect and ground switches. Operating mechanisms (swing handle or hand crank) of disconnect and ground switches require up to 50 pounds of pulling or pushing exertion from a standing position.
3. Must be able to work on uneven, inclined, improved, and unimproved ground surfaces in all weather conditions. Traveling on foot across all terrain during inclement weather over distances of one-quarter mile or more to gain access to remote switching locations. Additionally may be required to travel under these conditions and distances while assisting other crafts and during certain power system emergencies.
4. Must be able to climb and work from ladders, platforms, scaffolding, or stairs. Must be able to work at heights of up to 60 feet. Must be able to move and position loads weighing up to 120 pounds such as manhole covers and nitrogen gas cylinders. Must be able to lift and carry up to 50 pounds such as bags of herbicides and fertilizers. Considerable physical exertion is also required while performing activities such as building and grounds maintenance.
5. Extensive driving of sedans, pickup trucks and vans, both day and night, during all weather conditions, and over unimproved surfaces may be required.
6. Must be able to grip, hold, and handle a hot stick tool of lengths of up to 20 feet weighing approximately 10 to 12 pounds. Must be able to physically manipulate these hot sticks to lift weights from the end of these hot sticks of up to 30 pounds from ground level to a near vertical position in order to change fuses. Additionally, hot stick tools are used to operate hot stick bus links, hook operated disconnect switches, and install and remove portable protective grounds. Incumbents must be able to work with both arms overhead.
7. Must be able to work alone and/or remote from others under stressful situations requiring exacting procedures and the pressure of emergencies.
8. Must be able to wear a respirator periodically.
9. Must have good distance vision and have the ability to read printed material the size of type written characters. Must be able to distinguish the basic colors, of red, orange, yellow, brown, blue, green, and purple in order to distinguish color coded computer screen images.
10. Must be able to hear the conversational voice.
11. Speech must be suitable for clear communication by telephone.

BASIS OF EVALUATION: Applicants will be evaluated on the basis of experience, education, training, supervisory appraisal, and/or potential on the following elements to determine those who are minimally qualified and those who are best qualified. Experience may have been obtained in either (1) a formal apprentice program in Substation Operations; or (2) sufficient recent training and/or experience in the trade which can be evaluated as giving the skills and knowledge required to perform the duties of a journeyman Substation Operator.

1. ABILITY TO PERFORM THE WORK OF A SUBSTATION OPERATOR WITHOUT MORE THAN NORMAL SUPERVISION.
(Failure to meet this requirement will result in an ineligible rating).

2. Knowledge of electrical circuitry and theory as it applies to the electric power system.

3. Knowledge of the purpose and use of electrical power system equipment.

4. Knowledge of electrical power system technical practices.

5. Use of measuring instruments.

6. Ability to interpret instructions, procedures, and circuit diagrams.

7. Knowledge of the safety rules and switching and clearance procedures of an interconnected power system.

Credit will be given for unpaid experience or volunteer work, such as community, cultural, social service, and professional association activities on the same basis as for paid experience. To receive credit, you must show the actual time, such as number of hours per week, spent in each activity.

There is not a specific application form. Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format. All applications must contain sufficient information to determine eligibility for the position according the qualifications statement in this announcement.

APPLICATIONS WHICH LACK SUFFICIENT INFORMATION TO DETERMINE ELIGIBILITY FOR THE POSITION WILL NOT BE CONSIDERED ELIGIBLE.

Your resume or application must contain:

(in addition to specific information requested in the vacancy announcement)

JOB INFORMATION

The announcement number, title, and grade(s) of the job for which you are applying

PERSONAL INFORMATION

Full name, mailing address (including ZIP code), and day and evening phone numbers

Social Security Number (**If you do not give us your SSN, we cannot process your application.**)

Birth Date

Country of citizenship (most Federal jobs require United States citizenship)

Veterans Preference

Reinstatement eligibility (If eligible, attach SF-50 proof of your career or career-conditional status)

Highest Federal civilian grade held (also give job series and dates held)

EDUCATION

High School

Date of high school diploma or GED

Colleges and Universities

Name, city, and state (ZIP code if known)

Majors

Type and year of any degrees received

(if no degree, show total credits earned and indicate whether semester or quarter hours)

DO NOT SEND A COPY OF YOUR COLLEGE TRANSCRIPT.

WORK EXPERIENCE

Give the following information for your paid and nonpaid work experience related to the job for which you are applying. Do not send job descriptions.

Job title (include series and grade if Federal position)

Duties and accomplishments (Give specific information concerning previous work which is related to the duties described for this position)

Employer's name and address

Immediate supervisor's name and phone number

Starting and ending dates (month/year to month/year)

Hours per week

Salary

Indicate if we may contact your current supervisor.

OTHER QUALIFICATIONS

JOB RELATED training courses (title and year)

JOB RELATED skills, for example, other languages, computer software/hardware, tools, machinery, typing speed

JOB RELATED certificates and licenses (current only)

JOB RELATED honors, awards, and special accomplishments, for example, publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards.

Applications will be rated upon receipt. Those applicants who are determined to be best qualified will be required to participate in a **technical interview conducted by the Substation Operations Craft Committee** either by telephone or in person. This technical review will serve to confirm the applicant's qualifications including information submitted in the supplemental questionnaire and will determine the applicant's final score.

VETERANS PREFERENCE: A 5-point preference is granted to most veterans who entered the military service prior to October 14, 1976. Veterans who served after that date may also receive 5-point preference if they received or were entitled to receive a Campaign Badge or Expeditionary Medal and have sufficient length of service. However, you may be entitled to a 10-point veterans preference if you received a Purple Heart or have a service-connected disability; you are the spouse or mother of a disabled veteran; or you are the widow, widower, or mother of a deceased veteran. **You must submit a Standard Form (SF) 15 and proof of your claim.**

Additionally, if you are a disabled veteran, Purple Heart recipient, recently (i.e., 120 days or less) discharged veteran, spouse of a totally disabled veteran with a service-connected disability, or recently (i.e., 120 days or less) returned from overseas Federal civilian employment, filing deadlines may not apply to you.

To claim veteran preference, you must indicate your eligibility for veteran preference. You cannot receive veteran preference if you are retired or plan to retire at or above the rank of major or lieutenant commander, unless you are disabled or retired from the active Military Reserve. To receive veteran preference your separation from active duty must have been under honorable conditions. This includes honorable and general discharges. A clemency discharge does not meet the requirements of the Veteran Preference Act.

Active duty for training in the military Reserve or National Guard programs is not considered active duty for purposes of veteran preference.

To qualify for veteran preference you must meet ONE of the following conditions:

1. Served on active duty anytime between December 7, 1941 and July 1, 1955

OR

2. Served on active duty any part of which was between July 2, 1955 and October 14, 1976 or a Reservist called to active duty between February 1, 1955 and July 1, 1955 AND who served for more than 180 days.

OR

3. Entered on active duty between October 15, 1976 and September 7, 1980 or a Reservist who entered on active duty between October 15, 1976 and October 13, 1982 AND received a Campaign Badge or Expeditionary Medal OR are a disabled veteran.

OR

4. Enlisted in the Armed Forces after September 7, 1980 or entered active duty by other than enlistment on or after October 14, 1982 AND:

a. Completed 24 months of continuous active duty or the full period called and ordered to active duty, or were discharged under 10 U.S.C. 1171 or for hardship under 10 U.S.C. 1173 AND received or were entitled to receive a Campaign Badge or Expeditionary medal; OR

b. are a disabled veteran.

If you think you qualify for 10-Point Preference, review the requirements described in the Standard Form (SF) 15, Application for 10-point Veteran Preference. The 10-point preference groups are:

- Non-Compensably Disabled or Purple Heart recipient
- Compensably Disabled (less than 30%)
- Compensably Disabled (30% or more)
- Spouse, Widow(er), or Mother of a deceased or disabled veteran

To receive 10-point preference, you must attach a completed SF-15 to the application together with the proof requested in the SF-15.

Application Deadline: Applications must be received or postmarked by the closing date. Submit the following forms to:

**BONNEVILLE POWER ADMINISTRATION
(Recruiting Bulletin V-065-99)
HUMAN RESOURCES
ATTN: PERSONNEL SERVICES/CHR/PSB-2
P.O. BOX 491
VANCOUVER, WASHINGTON 98666-0491**

1. Application or resume.
2. Supplemental Questionnaire for Substation Operator
3. Applicant's Statement of Selective Service Registration Status (BPA-1871) if you are a male born after December 31, 1959.
4. SF-15, Claim for Veterans Preference if claiming 10-point preference.
5. Copy of DD-214 for documentation of veterans preference.
6. Attached geographic availability check list.
7. Attached Optional Form 306 (Declaration for Federal Employment).
8. DOE F1600.7e, Applicant Disability, Race/National Origin and Sex Identification

NOTE: Separate application forms and supplemental information must be submitted for each recruiting bulletin under which you apply. Photostat copies are acceptable if the copy is legible.

FORMS AVAILABILITY: The Optional Application for a Federal Job (OF-612) may be downloaded from this site, or obtained from all Bonneville Power Administration Human Resources offices. (5411 NE Hwy 99, Bldg. Z992, Vancouver, WA, or by calling 360-418-2090) and (905 NE 11th Avenue, Portland, Oregon, or by calling 503-230-3055). This form may also be downloaded from the OPM website at www.opm.gov.

CONTACT: For additional information, you may call (360) 418-2090.

Privacy Act Information

Federal agencies rate applicants for Federal positions under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the requested information to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.

We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight, other people may have the same name. As allowed by law or presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, unpaid student loans.

If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also incomplete addresses and ZIP codes will slow processing.

We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting

information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public or private organizations including news media that grant or publicize employee recognition or awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel actions forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses and dependent children asking whether an employee has changed from self and family to self-only health benefits enrollment; individuals working on a contract, service grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to an employee about fitness-for-duty or agency-filed disability retirement procedures.

A SMOKE FREE WORK ENVIRONMENT IS BONNEVILLE POLICY

Smoking permitted only in designated areas.

A HARASSMENT FREE WORK ENVIRONMENT IS BONNEVILLE POLICY

GEOGRAPHIC AVAILABILITY FORM

NAME	DATE:
JOB: Substation Operator/DC Substation Operator/Assistant DC Sub	RB# V-065-99

_____ I AM AVAILABLE FOR WORK AS A SUBSTAION OPERATOR AT THE FOLLOWING LOCATIONS.

ONLY CHECK THE LOCATIONS FOR WHICH YOU ARE AVAILABLE.

_____ ANYWHERE IN OREGON, WASHINGTON, IDAHO, OR MONTANA

OREGON	WASHINGTON	IDAHO
_____ ANYWHERE	_____ ANYWHERE	_____ ANYWHERE
_____ Albany	_____ Aberdeen	_____ Burley
_____ Allston (Rainier)	_____ Alcoa(Vancouver)	_____ Idaho Falls
_____ Alvey (Goshen)	_____ Ashe (Richland)	_____ Lewiston
_____ Big Eddy (The Dalles)	_____ Bell	_____ Sandpoint
_____ Chemawa (Salem)	_____ Chehalis	
_____ Fairview (Coquille)	_____ Chief Joseph (Brdgeprt)	
_____ Grizzly (Madras)	_____ Colfax	_____ MONTANA
_____ Keeler(Hillsboro)	_____ Columbia (Rock Isld)	_____ ANYWHERE
_____ LaPine	_____ Colville	_____ Conkelley (Colum Flls)
_____ Malin	_____ Covington (Kent)	_____ Garrison
_____ McNary(Umatilla)	_____ Custer	_____ Hot Springs
_____ North Bend	_____ C.W. Paul (Centralia)	_____ Kalispell
_____ Ostrander (Ore City)	_____ Ellensburg	_____ Libby
_____ Pearl (Wilsonville)	_____ Franklin (Pasco)	_____ Missoula
_____ Reedsport	_____ Kitsap (Bremerton)	_____ Taft
_____ Redmond	_____ Longview	
_____ Rogue (Gold Beach)	_____ Maple Vly (Renton)	
_____ The Dalles	_____ North Bonneville	
_____ Tillamook	_____ Olympia	
_____ Toledo	_____ Port Angeles	
_____ Troutdale	_____ Raymond	
	_____ Ross (Vancouver)	
_____ DC SUB OPERATOR	_____ Schultz (Ellensburg)	
_____ The Dalles (Celilo)	_____ Sickler (Wenatchee)	
	_____ Snohomish	
_____ ASST. DC SUB OPR	_____ Tacoma	
_____ The Dalles (Celilo)	_____ USK	
	_____ Walla Walla	

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.** Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code: and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (<i>Last, First, Middle Initial</i>)	Social Security Number
Sex <input type="checkbox"/> MALE <input type="checkbox"/>	
FEMALE	

SECTION A. DISABILITY STATUS ☐ ☐

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

- 05. I do not have a disability**
- 16. Total deafness in both ears, with or without understandable speech.**
- 23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)**
- 25. Blind in both eyes (no usable vision, may have some light perception).**
- 28. Missing one arm or one leg.**
- 33. Missing hands or both arms or both feet or both legs.**
- 35. Missing one hand or arm and one foot or leg.**
- 64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.**
- 65. Partial paralysis of both legs, any part, or both arms, any part.**
- 67. Partial paralysis of one side of the body, including one arm and one leg.**

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

- 68. Partial paralysis of three or more major parts of the body (arms and legs)**
- 71. Complete paralysis of both hands or both arms or both legs.**
- 72. Complete paralysis of one arm or one leg.**
- 76. Complete paralysis of lower half of body, including legs.**
- 77. Complete paralysis of one side of body, including one arm and one leg.**
- 78. Complete paralysis of three or more major parts (of body) (arms and legs).**
- 82. Convulsive disorder (e.g. epilepsy).**
- 90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).**
- 91. Mental or emotional illness (a history of treatment for mental or emotional problems).**
- 92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).**
- 06. I have a disability, but it is not listed above. Describe:**

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

A. American Indian or Alaskan Native ☐

A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.

B. Asian or Pacific Islander ☐

A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam.

- C. Black, not of Hispanic origin** ☐ **A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.**
- D. Hispanic** ☐ **A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.**
- E. White, not of Hispanic origin** ☐ **A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures or origins.**
- F. Other** ☐ **A person not included in the above categories.**

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

- ☐ **Internet** ☐ **Newspaper** ☐ **Trade** ☐ **Other (Please**
web-site **Ad** **Journal** **indicate)**

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Office of Personnel Management is authorized to request this information under sections 1302,3301,3304, and 8716 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Public burden reporting for this collection of information is estimated to vary 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E. Street, N.W., Washington, D.C. 20415.

Electronic Form Approved by CGIR 09/03/97

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceeding where the Government is a party; law enforcement agencies concerning a violation of law or regulation Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting or issuing licenses, grants or other benefits; public and private organizations, including news media, which grant or publicize employee recognition and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the

National Archives, the Federal Acquisitions Institute, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service and the date and nature of action for separation shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.

Optional Form 306
September 1994
U.S. Office of Personnel
Management

Declaration for Federal Employment

Form Approved
O.M.B. No. 3206-0182
NSN 7540-01-368-7775
50306-101

GENERAL INFORMATION

1 FULL NAME



2 SOCIAL SECURITY NUMBER



3 PLACE OF BIRTH (Include City and State or Country)



4 DATE OF BIRTH (MM/DD/YY)



5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)



6 PHONE NUMBERS (Include Area Codes)

DAY



NIGHT



MILITARY SERVICE

7 Have you served in the United States Military? If your only active duty was training in the in the Reserves or National Guard, answer "NO".....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES", list the branch, dates

BRANCH

FROM

TO

TYPE OF DISCHARGE

(MM/DD/YY), and type

of discharge for all active duty military service.

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9, and 10, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

8 During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives, violations, misdemeanors, and all other offenses.) If "YES", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

9 Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "YES", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

10 Are you now under charges for any violation of law? If "YES", use item 15 to provide the date, explanation of the violation, place of occurrence, and name and address of the police department or court involved.

11 During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

"YES", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.

12 Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

ADDITIONAL QUESTIONS

13 Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, halfbrother, and halvesister.) If "YES", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.

14 Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

15 Provide details requested items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTION

APPLICANT: If you are applying for a position and have not yet been selected, Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed, Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and attached materials are accurate, complete item 16/16b and answer item 17.

16 I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment by as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a Applicant's Signature
(Sign in ink)

Date

16b Appointee's Signature
(Sign in ink)

Date

APPOINTING OFFICER: Enter Date of Appointment or Conversion

17 Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a When did you leave your last Federal job?

Date (MM/DD/YY)

17b When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No", use item 15 to identify the type(s) of insurance for which waivers which were not cancelled.

Yes

No

Don't Know

Declaration for Federal Employment

INSTRUCTIONS

This information collected for this form is used to determine your acceptability for Federal employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true before you are appointed.

Your Social Security Number is needed to keep our records accurate, because people may have the same name and birthdate. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However,

if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

You must answer all questions truthfully and completely. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18 section 1001).

Either type your responses to this form or print clearly in dark ink. If you need additional space, attach letter size sheets (8.5" x 11"), including your name, Social Security Number, on each sheet. It is recommended that you keep a photocopy of your completed form for your records.

**APPLICANT'S STATEMENT OF SELECTIVE SERVICE
REGISTRATION STATUS**

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

Certification of Registration Status

Check one:

I certify that I am registered with the Selective Service System.

I certify that I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.

I certify that I have not registered with the Selective Service System.

I certify that I have not reached my eighteenth birthday and understand I am required by law to register at that time.

Use ink to complete information below.

Legal Signature	Printed Name	Date

Non-Registrations Under Age 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or at a consular office if you are outside the United States.

Non-Registrants Age 26 or Over

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency which was considering you for employment by returning this statement with our written request for an OPM determination together with any explanation and documentation you wish to furnish to prove that our failure to register was neither knowing nor willful.

Privacy Act Statement

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of our application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

False Statement Notification

A false statement may be grounds for not hiring you or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment (Section 1001 of Title 18, United States Code.)

BPA 1871 APR 1988

DEPARTMENT OF ENERGY SURPLUS OR DISPLACED EMPLOYEES REQUESTING
SPECIAL SELECTION PRIORITY CONSIDERATION

If you are currently a Department of Energy employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation you may be entitled to special priority selection under the Department of Energy's Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current Department of Energy career or career-conditional (tenure group I or II) competitive service employee who has received a RIF separation notice or a Certificate of Expected Separation (CES) and, the date of the RIF separation has not passed and you are still on the rolls of the Department of Energy. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by the Department of Energy in the same commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all application criteria , (e.g. submit all required documentation).
6. Be rated well-qualified for the position.

DISPLACED EMPLOYEES FROM OTHER FEDERAL AGENCIES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER
THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP)

If you are a displaced Federal employee from another Agency, you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF separation notice, a letter from OPM or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees:

A Current or former career or career-conditional (tenure group I or II) competitive service employees who:

1. Received a specific RIF separation notice, **OR**
2. Separated because of a compensable injury, whose compensation has been terminated and whose former agency certifies that it is unable to place, **OR**
3. Retired with a disability and whose disability annuity has been or is being terminated, **OR**
4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates "Retirement in lieu of RIF", **OR**
5. Retired under the discontinued service retirement option, **OR**
6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area,

OR

B Former Military Reserve or National Guard Technicians who are receiving a special Office of Personnel Management (OPM) disability retirement annuity under section 8337(h) or 8456 of title 5 United States Code.

2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement.)
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.

5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g. submit all required documentation).

Be rated well-qualified for the position.